

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>09/12/36</u>		2 Serial/Patent # <u>09/853233</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing <input checked="" type="checkbox"/>		09/01/06	\$ 790.00								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
<input checked="" type="checkbox"/>	Petition		09/01/06	\$ 130.00								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 920.00							
			8 TO BE REFUNDED BY:									
			Treasury Check									
			<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
			9	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table>		0	4	--	1	0	7	3
0	4	--	1	0	7	3						
10 REASON:												
	Overpayment											
	Duplicate Payment											
<input checked="" type="checkbox"/>	No Fee Due (Explanation):											
Petition and RCE not received by deciding official's office until after issuance of application into a patent. Therefore												
petition is moot and RCE is improper absent a grantable petition to withdraw from issue.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Frances Hicks</u>		TITLE: <u>Petitions Examiner</u>										
SIGNATURE: <u><i>Frances Hicks</i></u>		PHONE: <u>x23218</u>										
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u><i>Chib</i></u>		DATE: <u>9/13/06</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**